



VHA RESEARCH AND DEVELOPMENT LETTER OF INTENT COVER PAGE

[For Headquarters Use Only]

1. R&D SERVICE:

- ☐ COOPERATIVE STUDIES PROGRAM
- ☐ HEALTH SERVICES R&D SERVICE
- ☐ MEDICAL RESEARCH SERVICE
- ☐ REHABILITATION R&D SERVICE

2. IS THIS LOI **NEW?** ☐ OR **REVISED?** ☐

If Revised, indicate previous LOI No. _____

3. PROGRAM AND LEVEL:

- ☐ MERIT REVIEW
- ☐ RESPONSE TO SPECIFIC ANNOUNCEMENT
- Title and No. (if applicable) _____
- ☐ CAREER DEVELOPMENT ☐ Research Career Development
- ☐ Advanced Research Career Development
- ☐ Career Development Enhancement
- ☐ OTHER (specify) _____

4. **PROJECT TITLE** (Be succinct and descriptive. May not exceed 72 characters, including spaces. Use bold type.)

5. **PRINCIPAL INVESTIGATOR:**

Last Name, First Name, Degree(s): _____ Mail Code: _____

VA Title, Grade: _____ % VA ("8th's"): _____

Academic Affiliation: _____ Academic Rank: _____

Full Address for Express or Courier Delivery: _____

Telephone: _____ FAX: _____ E-Mail: _____

Research Site (specify VA or other): _____

6. **ASSOCIATE CHIEF OF STAFF** (or Coordinator for R&D):

Name: _____ Title: _____

Medical Center: _____

Telephone: _____ FAX: _____ E-Mail: _____

SIGNATURE: _____ Date: _____

7. **MEDICAL CENTER DIRECTOR:**

Name: _____

SIGNATURE: _____ Date: _____